

October 27, 2014

Montana Health Care Programs Notice

Mid-Level, Pharmacy, and Physician Providers

Prior Authorization Criteria for Hepatitis C Treatments: Sovaldi[®], Olysio[®], Victrelis[®], and Harvoni[®]

Effective October 15, 2014, prior authorization criteria for Sovaldi[®], Olysio[®], and Victrelis[®] was revised.

The Drug Use Review Board (DURB) met October 15, 2014, and approved revised criteria for Sovaldi[®], Olysio[®], and Victrelis[®]. Part of the approved changes is a patient readiness evaluation. The revised prior authorization criteria for Sovaldi[®], Olysio[®], and Victrelis[®] have been posted to the Pharmacy provider page.

Effective October 10, 2014, Harvoni[®] was approved by the FDA and interim prior authorization criteria was developed. Harvoni[®] is a non-preferred product for Montana Medicaid and has not been reviewed by the Drug Use Review Board. The DURB will meet on January 28, 2015, to discuss and approve final criteria for Harvoni[®]. The interim criteria for Harvoni[®] have been posted to the Pharmacy provider page.

Contact Information

Drug Prior Authorization Unit
Mountain-Pacific Quality Health
3404 Cooney Drive
Helena, MT 59602
406-443-6002 or 1-800-395-7961 (Phone)
406-513-1928 or 1-800.294-1350 (Fax)

If you have any questions regarding this provider notice, please contact Dave Campana, R.Ph., at 406-444-5951 or dcampana@mt.gov, or Katie Hawkins at 406-444-2738 or khawkins@mt.gov, or the Medicaid Drug Prior Authorization Unit at 1-800-395-7961.

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Montana Medicaid Provider Information website at <http://medicaidprovider.hhs.mt.gov>.